FORM D



Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

Type of Business Organization

□ corporation

□ business trust

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFER

☐ limited partnership, already formed

1

Month

2

CN for Canada; FN for other foreign jurisdiction)

☐ limited partnership, to be formed

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	May 31, 2005				
Estimated ave	rage burden				
hours per resp	onse 1 Ì				

SECTION 4(6), AND/UK	<u></u>
UNIFORM LIMITED OFFERING EXE	EMPTION DATE RECEIVED
Name of Offering ( check if this is an amendment and name has changed, and indicate changed	ge.)
Issuance of Membership Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing:   New Filing   Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (□ check if this is an amendment and name has changed, and indicate change	e.)
Queensway Investment Holdings LLC	<u> </u>
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Chenery Management Incorporated	(415) 512-1213
703 Market Street, Suite 1200	
San Francisco, CA 94103	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	AEOENED CO
Brief Description of Business	
Investment Holding Company.	<pre></pre>
	1000 1000

PROCESSED AUG 2 3 2002 THOMSON

☑ other (please specify)

limited liabi/

Ε

Year

1

0

(Enter two-letter U.S. Postal Service abbreviation for State:

## **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.							
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or     Managing Partner		
Full Name (Last name first, if it	· · · · · · · · · · · · · · · · · · ·						
Chenery Managemen			<del></del>	<del>-</del>			
Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200							
San Francisco, Ca		94103					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if it Hahn, Roy	ndividual)						
Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200 San Francisco, CA 94103							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if in Austin, Larry	ndividual)						
Business or Residence Address (Number and Street, City, State, Zip Code) 201 N. Union Street, Suite 230 Alexandria, VA 22314							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Tsai, Bill							
Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200 San Francisco, CA 94103							
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) China Cinda Asset Management Incorporated							
Business or Residence Address (Number and Street, City, State, Zip Code)							
No. 29 Dong Zhong Street, Dong China Cheng District, Beijing China 100027							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							

					B. J.	NFORMA'	TION ABO	UT OFFE	RING				
						<u> </u>			*		· · · · · ·	Yes	No
1.	Has th	e issuer so	ld, or does	the issuer in	ntend to sel	l, to non-acc	redited inv	estors in thi	s offering?				⊠
Answer also in Appendix, Column 2, if filing under ULOE.													
2	2 What is the minimum importance of the country of the least of the country of the least of the country of the							\$4,471					
2. What is the minimum investment that will be accepted from any individual?						********	Yes	No					
3.	Does t	he offerin	z permit joi	nt ownershi	ip of a singl	e unit?							⊠
4.		•										_	
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	Name	(Last name	e first, if in	dividual)									
Bus	iness or	Residence	e Address (	Number and	d Street, Cit	ty, State, Zij	p Code)						
Nan	ne of As	ssociated I	Broker or D	ealer									
Stat	es in W	hich Perso	n Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers						
	(Check	k "All Stat	es" or checl	k individual	States)							🗖 .	All States
[A	L}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	$[\mathbb{D}]$
_	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
_	IT] U]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full	Name (	(Last name	e first, if inc	lividual)	<u></u>	<u> </u>							
Bus	iness or	Residence	Address (	Number and	l Street, Cit	y, State, Zip	Code)						
Nan	ne of As	ssociated F	Broker or D	ealer				<u> </u>					
Stat	es in W	hich Perso	n Listed Ha	as Solicited	or Intends t	to Solicit Pu	rchasers						<u> </u>
	(Check	c "All State	es" or checl	c individual	States)								All States
ſA	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
	IT] LI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			first, if inc		[1A]		[ 1 ]		[WA]		[**1]		
		<u> </u>		<u> </u>									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States).								All States					
[A	L}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[I]	_	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M		[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
		<del></del>	
	Equity	\$0	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$447,069	\$447,069
	Other (Specify).	\$0	\$0
	Total	\$447,069	\$447,069
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of
		Number Investors	Purchase
	Accredited Investors	2	\$447,069
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	1) po or 2000	\$
			\$
	Regulation A		<u> </u>
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees.		\$0
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	l l	-	
	Total		\$0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEL	DS		
	total expenses furnished in response to Pa	ate offering price given in response to Part C art C - Question 4.a. This difference is the	"adjusted gross	\$447,069		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.						
			Payments to Officers, Directors, & Affiliates	Payments to Others		
	Salaries and Fees		<u> </u>	□ \$		
	Purchase of real estate		<u></u> \$	□ \$		
	Purchase, rental or leasing and installati	on of machinery and equipment	<u> </u>	□ \$		
	Construction or leasing of plant building	gs and facilities	<u> </u>	<u> </u>		
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	□ \$	□ \$			
	Repayment of indebtedness		<u> </u>	<u> </u>		
	Working capital		⊠ \$4,471	<u> </u>		
	Other (specify): Investments	·	<u></u> \$	⊠ \$442,598		
Column Totals				□ \$  ⊠ \$442,598  69		
		D. FEDERAL SIGNATURE				
sign	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer formation furnished by the issuer to any non-acc	to furnish to the U.S. Securities and Exchange	e Commission, upon writte			
Qu	ner(Print or Type) eensway Investment ldings LLC	Signature	Date December 24,	2001		
	Name of Signer (Print or Type)  Roy E. Hahn  Title of Signer (Print or Type)  President of Chenery Management Incorporated					

## **ATTENTION**